NEVADA STATE HEALTH DIVISION
SENTINEL EVENT REPORT – SECTION II

Pursuant to NRS 439.835 Mandatory reporting of sentinel events and NAC 439.900-920 Health and safety of patients at certain medical facilities, this report is to be completed and submitted to the Nevada State Health Division **within 45 days** after the medical facility is notified of the sentinel event. These data are **confidential**, based upon NRS 439.840(2) and NRS 439.845(2).

FOR STATE HEALTH DIVISION USE ONLY
STATE REGISTRY#
DATE/TIME RECEIVED

PLEASE PRINT or TYPE **PATIENT'S DATE OF BIRTH: _____ / _____ / _____**

1. FACILITY CODE _____	**2. DATE OF SENTINEL EVENT** _____ / _____ / _____ (MM / DD / YYYY)
13. REPORT COMPLETED BY _____ (LAST NAME / FIRST NAME / MI)	
14. DATE AND TIME FACILITY COMPLETED SECTION II _____/_____/_____ (MM / DD / YYYY) _____ : _____ (MILITARY TIME)	

15. CONTRIBUTING DEPARTMENT(S) (Check *maximum* of 4 boxes) – A department in the chain of causes, whose actions resulted in a primary contributing factor.

☐ A. Anesthesia/PACU	☐ L. Intensive Care/Critical Care	☐ W. Outpatient/Ambulatory Surgery
☐ B. Antepartum	☐ M. Intermediate Care	☐ X. Pediatric Emergency Dept.
☐ C. Cardiac Catherization Suite	☐ N. Laboratory	☐ Y. Pediatric Intensive/Critical Care
☐ D. Dialysis Unit	☐ O. Labor/Delivery	☐ Z. Pediatrics
☐ E. Emergency Department	☐ P. Long Term Care	☐ AA. Pharmacy
☐ F. Emergency Medical Services	☐ Q. Medical/Surgical	☐ AB. Postpartum
☐ G. Endoscopy	☐ R. Neonatal Unit (Level III)	☐ AC. Psych/Behavioral Health/Geropsych
☐ H. Gynecology	☐ S. Neonatal Unit (Level II)	☐ AD. Pulmonary/Respiratory
☐ I. Imaging	☐ T. Newborn Nursery (Level I)	☐ AE. Trauma Emergency Dept. (Level I)
☐ J. Inpatient Rehabilitation Unit	☐ U. Observation/Clinic Decision Unit	☐ AF. Trauma Emergency Dept. (Level II)
☐ K. Inpatient Surgery	☐ V. Outpatient/Ambulatory Care	☐ AG. Trauma Emergency Dept. (Level III)
☐ AH. Ancillary/Other – *Specify:*		

Revised January 2008

NEVADA STATE HEALTH DIVISION
SENTINEL EVENT REPORT – SECTION II

Pursuant to NRS 439.835 Mandatory reporting of sentinel events and NAC 439.900-920 Health and safety of patients at certain medical facilities, this report is to be completed and submitted to the Nevada State Health Division **within 45 days** after the medical facility is notified of the sentinel event. These data are **confidential**, based upon NRS 439.840(2) and NRS 439.845(2).

FOR STATE HEALTH DIVISION USE ONLY
STATE REGISTRY#
DATE/TIME RECEIVED

16. PRIMARY CONTRIBUTING FACTOR(S) (Check *maximum* of 4 boxes) - An event in the chain of causes that, when acted upon by a solution, prevents the problem from recurring.

PATIENT-RELATED	☐ E. Training Inadequate/Not Done	☐ F. Equipment – Failure(s)
☐ A. Alcohol/Drugs	**ENVIRONMENT**	☐ G. Equipment - Incorrect
☐ B. Allergy – Known	☐ A. Emergency Situation – Internal	☐ H. Equipment - Unavailable
☐ C. Allergy – Unknown	☐ B. Emergency Situation – External	☐ I. Expiration Date Issue
☐ D. Confusion	☐ C. Lighting Problem	☐ J. Failure in Dispensing
☐ E. Frail/Unsteady	☐ D. Noise Level	☐ K. Fax/Scanner Problem
☐ F. Language Barrier	☐ E. Wet/Slippery Floor/Surface	☐ L. Incorrect Dilution/Concentration
☐ G. Line/Catheter/Endotracheal Tube Removed	**COMMUNICATION/ DOCUMENTATION**	☐ M. Incorrect Dose
☐ H. Medicated	☐ A. Abbreviation(s)	☐ N. Incorrect Infusion Rate
☐ I. Non-compliant	☐ B. Hand-off/Teamwork/Cross-Coverage	☐ O. Incorrect Medication Route
☐ J. Physical Impairment	☐ C. Illegible Documentation	☐ P. Labeling/Packaging - Ambiguous
☐ K. Psychosis	☐ D. Lack of Communication	☐ Q. Labeling/Packaging - Incorrect
☐ L. Self-Administration	☐ E. Lack of/Inadequate Documentation	☐ R. Omission
☐ M. Self-Harm	☐ F. Medical Record - Incorrect	☐ S. Prescription - Incorrect
STAFF-RELATED	☐ G. Medical Record - Unavailable	☐ T. Prescription - Unavailable
☐ A. Clinical Decision/Assessment	☐ H. Transcription Error(s)	☐ U. Supplies – Incorrect
☐ B. Clinical Performance/ Administration	☐ I. Verbal Communication - Inadequate	☐ V. Supplies – Unavailable
☐ C. Failure to Follow Policy and/or Procedure	☐ J. Verbal Communication - Incorrect	☐ W. Test - Incorrect
☐ D. Iatrogenic Error(s)	☐ K. Written Communication - Inadequate	☐ X. Test - Unavailable
☐ E. Patient Identification	☐ L. Written Communication - Incorrect	☐ Y. Test Results - Incorrect
☐ F. Working Outside Scope of Practice	**TECHNICAL**	☐ Z. Test Results - Unavailable
ORGANIZATION	☐ A. Computer Error(s)	☐ AA. Treatment Delay
☐ A. Culture – Principles, Ethics, Values	☐ B. Dose Miscalculation	☐ AB. Wristband – Incorrect
☐ B. Inappropriate/No Policy	☐ C. Drug/Blood Product - Incorrect	☐ AC. Wristband – Unavailable
☐ C. Patient Volume Exceeds Capacity	☐ D. Drug/Blood Product - Unavailable	☐ AD. Wrong Frequency
☐ D. Staffing Level	☐ E. Drug Names Similar/Confusing	

Revised January 2008

NEVADA STATE HEALTH DIVISION
SENTINEL EVENT REPORT – SECTION II

Pursuant to NRS 439.835 Mandatory reporting of sentinel events and NAC 439.900-920 Health and safety of patients at certain medical facilities, this report is to be completed and submitted to the Nevada State Health Division **within 45 days** after the medical facility is notified of the sentinel event. These data are **confidential**, based upon NRS 439.840(2) and NRS 439.845(2).

FOR STATE HEALTH DIVISION USE ONLY
STATE REGISTRY#
DATE/TIME RECEIVED

17. CORRECTIVE ACTIONS (Check all that apply)

☐ A. Disciplinary Action(s)	☐ I. Procedure Modification
☐ B. Environmental Change(s)	☐ J. Procedure Review
☐ C. Equipment Modification(s)	☐ K. Process Development
☐ D. Equipment Repair(s)	☐ L. Process Modification
☐ E. Policy Development	☐ M. Process Review
☐ F. Policy Modification	☐ N. Situation Analysis
☐ G. Policy Review	☐ O. Staff Education/Inservice Training
☐ H. Procedure Development	☐ P. Other – *Specify*:

18. LESSONS LEARNED (optional)

ADDITIONAL INFORMATION/COMMENTS (optional)

When form is completed, Fax (775-684-4156) or Send Certified Mail with a Return Receipt to:
Nevada State Health Division
Bureau of Health Planning and Statistics
ATTN: Sentinel Events Registry
4150 Technology Way, Suite 104
Carson City, NV 89706

Revised January 2008